

Kentucky Boxing and Wrestling Authority

BOXING SHOW NOTICE FORM

NOTICE: Boxing Shows shall be reported to the Authority **at least thirty (30) days prior to the show.**

Please complete and return this form to the Authority

Promoter Name _____

Promotion Name _____

Telephone Numbers: Home: _____ Cell: _____

Event Venue _____

Rental Agent _____ Phone: _____

Address _____

Date of Event _____ Time _____
(month, day & year)

MAIL TO: Kentucky Boxing and Wrestling Authority
500 Mero Street
Capital Plaza Tower, 5th Floor
Frankfort, KY 40601

FAX TO: 502-564-3969

EMAIL TO: angela.robertson@ky.gov

Incomplete Show Notice Forms will NOT be accepted. The Authority will consider the show as an "ILLEGAL" event and the Promoter's license will be subject to disciplinary action, including potential suspension or revocation.

Promoter's Signature _____